

Application Data Sheet

Application Information

Application number::
Filing Date:: 11/09/01
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R???:
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: PRACTICAL IN VITRO SIALYLATION OF
RECOMBINANT GLYCOPROTEINS
Attorney Docket Number:: 019957-011211US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: C.
Family Name:: Paulson
Name Suffix::
City of Residence:: Del Mar
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 209 Torrey Pines Terrace
City of Mailing Address:: Del Mar
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 92014

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: J.
Family Name:: Bayer
Name Suffix::
City of Residence:: San Diego
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 6105 Dirac Street
City of Mailing Address:: San Diego
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 92122

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Eric
Middle Name::
Family Name:: Sjoberg
Name Suffix::
City of Residence:: San Diego
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 12639 Crest Knolls Court
City of Mailing Address:: San Diego
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 92130

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	09/007,741	01/15/98
09/007,741	Non-provisional of	60/035,710	01/16/97

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::